

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

10wt of 12 MDJ06-2-01

Filer Identification : Number	Report Filed By Candi (Mark X)	date	Committee	200	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Brenda Wi	lliams	Vichols	Magisterial	District Idag
Street Address	996 N Ceri		Ret	J	
Corry Corry	State	PA	Zip Code	16407	
Type of Report (Place x under report type)	Explain of the public flood notes on the Polymont of the West rate.	SZ (d. s. o. c. o.			
1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Post Pre-Primary Pre-Primary Primary	4-6th Tuesday 5-2nd Frida Pre-Election Pre-Electio	"先祝"写正表示"是一家的是一等,但是特力的關係的		Special 2 [™] Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY) 1-07-2017	Year	Amendment Report	75-20 E330	Fermination Report	
Summary of Receipts and From Date	To Date		For Of	fice Use Oaly	
Expenditures Uodoao				建	3
A. Amount Brought Forward From Last Repor	31,139,09	_		2m	27
B. Total Monetary Contributions and Receipts (From Schedule I)	a50,00			55	3
C. Total Funds Available (Sum of Lines A and B)	\$ 1,389.29	_		TRATION	1:25
D. Total Expenditures (From Schedule III)	\$ 243.68				\\ \tag{\tau}
E. Ending Cash Balance (Subtract Line D. from Line C)	\$ 1,145.61				
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 60.00				
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 60.00 \$ a,368.22	٠			
Part 1- If this is a Committee report, treasurer sign h	Affidavit	Section	e.		
I swear (or affirm) that this report, including the atta	ached schedules on paper, is to the	he best of my know	ledge and belief true	e, correct and comp	ete.
Sworn to and subscribed before me this day on the subscribed before me this	- '1	Bunda	Mellan	worke	91/2
(Malla Birlabium	NWEALTH OF PENNEYLY	ANIA BUND	le of Person Submitt	Wigner Nic	hol ^S
Signature My Commission expires 09/09/18	NOTARIAL SEAL Deela M. Buflew, Notary Public Ocity of Corry, Erie County	\$H	In le	3-8747	7
MO. I DAY MYR	ommission Expires Sept. 9, 2018 NNSYLVANIA ASSOCIATION OF NOT	Area Code	Dayti	me Telephone Num	ber
Part II- If this is a report of a Candidate's Authorized	l Committee, candidate shall sigr	here.	on i provisiona of the	Act of June 2 102	7/D 1222 NO 220) as
I swear (or affirm) that to the best of my knowledge amended.	and belief this political committee	ee has not violated	arty provisions of the	e Act of Julie 3, 183	(F.L. 1333, NO.320) as
Sworn to and subscribed before me this					
day of20	- '		Signature of Candida	te	
Signature	- '		Printed Name		
My Commission expires	• *				
MO. DAY YR.		Area Code	Daytin	ne Telephone Numb	er

SCHEDULE I Contributions and Receipts

20wtof12 MDJ06-2-04

Detailed Summary Page

Filer Identification Number	
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 50.00+50.00 a separate contributions
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 250.00 250.00
Total for the reporting period (2)	\$ 250.00
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ D
All Other Contributions (Part D) Total for the reporting period (2)	\$ 0
Total for the reporting period (3)	\$ 0
4. Other Receipts-Refunds; Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$ 0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$ 250-00

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification I	Number			,	
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					Amount
Full Name of Con Committee	ntributing			Date [MM/DD/YYYY] \$	
House#	Street Address	<u> </u>		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date/[MM/DD/YYYY] \$	
Full Name of Con Committee	tributing			Date [MM/DD/YYYY] \$: -
House #	Street Address			Date [MM/DD/YYYY] \$	<u></u>
City/	15.70	State	Zip.Code	Date [MM/DD/YYYY] \$	
Full Name of Con	tributing			Date [MM/DD/YYYY] \$	
Committee	1 3 4 5 4 5 4 5 4 5 4 5 5 5 5 5 5 5 5 5 5			2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip:Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee				Date [MM/DD/YYYY] \$	
House # \cdot	Street Address			Date [MM/DD/YYYYY] \$	
City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	Date [MM/DD/YYYY] \$	1 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Full Name of Con Committee	ntributing	, and proceedings to the second	namen en e	Date [MM/DD/YYYY] \$	
House #-	Street Address			Date [MM/DD/YYYY] \$	
City 12		State.	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee	itributing		20 × 67 × 67 × 67 × 67 × 67 × 67 × 67 × 6	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number 3							".	· <u>-</u>	
Full-Name of Contributor	Λ . 1	٠,		,	_	Date MM/	DD/YYYYY] 45		

				3
Full Name of Contributor Mac	d J. Vilus	his	Date [MM/DD/YYYY]	250,00
House### 4009 Street Address	d J. Vilus Labeshore	prive	Date [MM/DD/////Y] S	
Erie) Code 16505	Date [MM/DD//////] \$	
Full Name of Contributor			1Date [MM/DD//YYY] S.	
House # Street Address			Date [MM/DD//YYYY] \$	
*Gity	State Zip	Code	Date [MM/DD//////] \$	
Full Namerof Contributor.	1/1		Date [MM/DD//////] \$	
Höuse #1 Street Address		,	Date (MM/DD//YYYY)	
City	State Zij)Code	Date [MM/DD/M/M) S	
Full Name of Contributor	production of the I		Date:[MM/DD/AYYM] S	
House# Street Address			Dates[MM/XDD//YYW] S	
City	100 C	Code	Date[[MM/DD/YYYY]] S	
Full Name of Contributor.			Date(MM/DD/YYAA) S	
House # Street Address			ZDATE (IMIN/IDDA/AYA) S	
City	-State Ziji	Code.	*Date [MM/DD/YYYY] \$	
Full/Name of Contributor			Pate (MIN/ADD/AMY) 1	
House # Street Address			Date [MIN//DD//YY/YI]	
City	State Zij) Code	Date (MIX/DD/AYY44)	

PART C Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

File (deritination) (diffue)				
Full Name of			/{Date:[MM/DD/YYYY] \$\$	
Contributing Committee			Spare Lighten Spanner 11 1 23.	
House # Street Address			Date [MM/DD/YYYY] \$	
-City	State	Zip Code	*Date [MM/DD/YYYX] : \$	
Full Name of Contributing Committee			Date [MIM//DD/YYYY] *S)	
House # Street Address			Date [MM/DD/YY/Y] \$	
City.	State	Zip Code 😘	Date [MM/DD/YYY//] \$	
FulliName of Contributing Committee			Date [MIM/DD/\\\\\\] Ss	
House# Street Address			Date [MM//DD/YYYYY]	
City	State	Zip Code	Date [MM/DD/AYAA] \$ \$2	
Full Name of Contributing Committee			Date (MIX/DD/AYA/A)	
THOUSE# Shreet Address			Date [MMXDD/AXXYX]	
Gity as	State	Zip Code	Date [MM/dD/yyyy/]	
Full:Name of Contributing Committee's			Date [MM/DD/YYY\] \$5	
House # Street Address		,	Date [MM//DD/YY/Y] 25	
Gity :	State	ZIp)Code	Date [MM/DD/YYYYY] 33.	
Full Name of Contributing Committee			Date MMMDD/YWW/F	
House # Street Address			Date [MM//DD/YYYY] \$	
City	State	7/p Code	Date [MM/DD/YYYY] Sc	

6 outof10

PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer identification Number:

Full Name of Contributor	<u> </u>		Date [MM/DD/YYYY] 3/3
House # Street Address			Date [MM/DD/YYYY] S
City	State	Zip/Code	Date [MM/DD/YYYY] \$
Æmpløyer Name Empløyer Mailing/Address /			Occupation 4
Principal Place of Business Full Name of Contributor			Date (MM/DD/AWY)
House # Street Address			Date:[MM/DD/XYXYY] \$ \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / \$ 12 20 20 20 20 20 20 20 20 20 20 20 20 20	· - ·		
Full Name of Contributors			Date [MM/,DD/,YYYY]
House # Street Address			*Date [MM//DD/YYYY] \$ \$
(Gity/s-#	State	Zip Code	Date [MM//DD/YYYY] S
Employer Name et a transfer i tra			Occupation
Employer Mailing/Address // Principal Place of/Business			
Full Name of Contributor.			Date [MM/DD/YYYY] \$ \$
House # Street Address			Date (MM/DD/AYYY)
-Gity,	State	Zip Code	Date MM//DD/YYYYA) 5
Employer Name			Cocupation
Employer Mailing Address / Principal Place of Business:			

PART E Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer/Identification Number				
Füll Näme				
House# Stre	et Address			
City		State	Zip Code	Date [MM/DD/YYYY] S.
Receipt Description				
Full Name				,
	et Address	B. L. T.	Name And Committee of the Committee of t	
City it		State	Zip. Code*	Date [MM/DD/YYYY] \$
Receipt Description:		P-Particular September 1	1.000000000000000000000000000000000000	[9/55/26]
Full Name a				
House!#2 Stree	et Address	State	ZIP (243)	Date [MM/DD//YYYY] \$2 \$30
			Zip Code	Date [MM/DD/\\\\\\]
Receipt Description:				**.
Full Name	et Address			
House# Stre	Control (Sa)	State	Zip ,€ode	Date [MM/DD/YYYY] S
Receipt Description	·····		Code	Date [MM/DD/YYYY] / \$
Full Name:		War a .		
House# Stree	et/Accress			
City		State	Zip Code	Date [MM/DD/YYYY] S:
Receipt Description				
FulliName	· · · · · · · · · · · · · · · · · · ·			
House# Stre	et Address			
City	AND THE PROPERTY OF THE PROPER	State +	Zip. Code	Date [MM//DD/YYYY]
Receipt Description			WATER TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TO	18室巻1

SCHEDULE II

Bout of 12 MDJ 06-2-04

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number (
1: «UNITEMIZED IN-KIND) CONTRIBUTIONS RECEIVED-VALUE OF \$	
22/4 IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50,01/10 \$25	40.00 + 20.00 La different donations
TOTAL for the reporting period (2)	
3: IN:KIND:GONTRIBUTION:RECEIVED-VALUE OVER \$250,00 (FRO	DMPARTG)
TOTAL for the reporting period (3)	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$ 60.00

SCHEDULE II PART F Kind Contribution

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

#Eiler Identification Number:				
Full Name of Contributor		*****	»Date [MM/DD/YYYYY] . *\$.	
"House # Street Address			/Date [MM/DD//Y/X/] 5	
City	State	Zip Code	;Date [MM/DD/\\\\)	
Description of Contribution		美种能 产的工作。	Personal	
Full Name of Contributor			*Date (MM//DD//\/\/\/\	····
House # Street Address			*Date [MM/DD/YYYYY] \$	
City.	State	Zip Code	Date [MM/DD/YYYY], \$	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]] \$	
House # Street Address			Date (MM//DD///////)	
City** Description of Contribution:	State	Zip Code	Date (MMXDDXYYYY)) \$33	
Description of Contribution:				
Full Name of Contributor			Date (MM/DD/AVYY) 32	
House # Street/Address			Date [MM/DD/YYYY] \$5%	
City Description of Contribution	State .	Zip Code	Date [MM/DD/YYYY] S	
Description of Continue on				
Full Name of Contributor			Date [MM/DD/YYYY]	
House# Street Address			Date [MM/DD/YYYY) \$	
City	State	Zip Code	eDate [MM/DD/YYYYY] \$	
Description of Contribution				

SCHEDULE II Part G In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number 2	
#Full Name of Contributor	*Date [MM/DD/YYYY] \$
House # . Street Address	Date [MM/DD/YYYY] 55
City State Zip Code 4	Date [MM/DD/YYYY] \$5
Employer Name	Occupation
Employer Mailing Address / Principal	Description: of Contribution:
Full Name of Contributor	Date [MM/DD/YYYY] S
#House:# Street Address	₹Date [MM//DD/YYYYY]
City, State Zip Code	Date [MM/DD/WYYY] S
Employer Name	(Occupation)
Employer Mailing Address / Principal / Place of Business	Description 3 of Scontribution 2
Full:Name of Contributor	*Date [MM/DD/YYYY/] * \$
House # Street Address	Date [MM/DD/YYYY]
City. State. Zip Code	*Date [MM/DD/YYYV) **S.
Employer Name	Occupation
Employer Malling Address / Principal Place of Business	Description of Contribution
-Full*Name of Contributor	;Dáte [MM/DD/MYYY]
House # Street Address	/Date[[MM/DD/YYYY]
City State: Zip Code :	TDate [MM/DD/YYYYY]
Employer Name	(Occupation 2)
Employer Mailing Address / Principal Place of Business	Description of Contribution

Statement of Expenditures

Filer Identification Number

	To:Whom Paid	Date MM/DD/YYYYI S
×	5taples	9/9/2017 26.49 Descriptions of Expenditure:
	House # 1924 Street Address Keystore Drive	inest (prior) or experiment
	City Erie State PA Gode 16509	Business Cands
#	To:Whom:Paid !: Staples	8/31/2017 26.49
20	House # 1924 Street Address Keystone Drive	Description of Expenditure
	City Fire state PA code 16509	Business Cards
Ú.	To: Whom Paid Staples	Date [MM/DD/YYYY] \$
#	House # Stroot Vallings	9/36/30/7 Description of Expenditure.
	MAY REYSTONE DIVE	0 0 1
	ETTE FA Gode 1000	Business Cands
#	Walmart/Sams Club	9/14/2017 132.00
	House # 7200 Street Address Peach Street	Description of Expenditure 2.
	City Erie PA Code 16509	Candy for farades
#	To Whom Paide Panta City	9/14/2017 31-93
71	House# 1902 Street Address Key Step Drive	Description of Expenditure
	City Erie State PA Code 16509	Cardy/Balloons/Mini Footballs
	To Whom Paid	* Date [MM//DD/YYYY] \$
	*House:# Street Address	Description of Expenditure
	City C State Code 37	
	To:Whom:Paid	*Date (MM/DD/YYYY) / .\$)
		* Description of Expenditure
	House # Street Address 7/10	Description Appendix Co.
	City State Zip a Code	
	To Whom Paid.	Date [MM/DD/YYYY] \$
	House# Street Address	Description of Expenditure
	City State: Zip Code	
	STEETER TO THE PROPERTY OF THE	

* paid by Lynda Williams # paid by candidate as a loan to the committee

El Potro 61 PO-6-00 COM

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number	
Name of Creditor (1)	Lynda D. Williams Outstanding Balance of Debt
	et Address W Congress State State On Tipe Hall To the Congress of Tipe
Description of Debt	Business Cands
Name of Creditor.	Brenda Williams Ni Chals Outstanding Balance of Debt
996 city	DATE DEBTINGURRED STATE OF STA
Description of Debt	Business Cands
Name of Creditor	Brenda Williams Nichols Outstanding Balance of Debt
House # 999 Stree	N (lenter States 00 Zip 447
Description of Debt	BUSINOSS CANS
Name of Greditor	Outstanding Balance of Debts
House # 996 Stre	GOTTY DATE DEBT.INCURRED. STATE [MM/DD/YYYY] G/14/2017 132.28
Description of Debta	Candy for Panades
Namerof Creditor and a	Brenda Williams Nichols Outstanding Balance of Debt
House # 996 Stre	Corry Date Deet incurred is invited by invited in the property incurred incurred incurred incurred incurred incurred in the property incurred in
Description of Debt &	Candy/Balloons/MiniFootballs
	eet Address DATE DEBT INCURRED [MIM/DD/YYYY]
City Description of Debt	State Zip. Code